

2018 NEBRASKA WRESTLING INDIVIDUAL CAMP APPLICATION

EVERY INDIVIDUAL ATTENDING CAMP - STUDENT OR COACH - NEEDS TO COMPLETE AN APPLICATION

INDIVIDUAL CAMPS

YOUTH CAMP - June 11-13

Postmark Deadline: May 31

Camper \$150

INTENSIVE CAMP - June 11-22

Postmark Deadline: May 21

Camper Live-In \$1,250 Commuter \$875

Coach Live-In \$700 Commuter \$450

TAKEDOWN CAMP - June 22-24

Postmark Deadline: June 8

Camper Live-In \$290 Commuter \$220

Coach Live-In \$125 Commuter \$70

CAMPERS ONLY: Must fill out if attending camp

Name of Camper _____ Roommate Request _____
Parents or Legal Guardian _____ Parent Cell Phone _____
Address _____ Email _____
City _____ State _____ Zip _____
Grade next year _____ Shirt Size _____ Wrestling Weight Class _____ lbs. Current Weight _____ lbs.
Accident & Medical Insurance Company _____ Policy Number _____
Insurance Company Address _____ Policy Owner _____

COACHES ONLY: Must fill out if attending camp

Name of Coach _____ Head Coach Assistant Coach School/Team _____
Address _____ Email _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Team Coaching _____

TO: NEBRASKA WRESTLING CAMP

Liability Waiver:

This is the application for enrollment of _____ (camper's name) in the Nebraska Wrestling Camp on the above dates. I grant permission to the camp director, assistants or assigned chaperones of the camp to act on my behalf for said minor in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I can not be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician, such as x-ray examinations and anesthesia to be rendered to said minor. In addition, I hereby release the Board of Regents of the University of Nebraska and all its employees from all claims on account of any injuries that may be sustained by my child while attending the Nebraska Wrestling Camps. I also agree to indemnify the Board of Regents of the University of Nebraska and its employees for any claim, which may hereafter, be presented to my minor child as a result of any such injuries. This camp admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin, or sexual orientation.

Youth Activity Safety Policy:

The University of Nebraska-Lincoln's Youth Activity Safety Policy includes safe interaction guidelines including sex offender registry checks for Activity Workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational and enjoyable activity/program experience. All Activity Workers must successfully pass a sex offender registry search for Nebraska and the state(s) they reside. All Activity Workers driving activity vehicles must successfully pass a Driving Record Check. All UNL activities will comply with UNL's Youth Activities Safety Guidelines. I also grant permission for the Nebraska Wrestling Camp to use photographs of my child for publicity, advertising, or other commercial purposes.

Disciplinary Action:

The activity directors of the Nebraska Wrestling Camps reserve the right to immediately dismiss any youth from the activity, clinic or conference who is found to have violated behavioral expectations. Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth's dismissal. **NO REFUNDS FOR DISCIPLINARY REMOVAL.**

Parent/Guardian Signature _____ Date Signed _____ Cell # _____

CAMPER MEDICAL INFORMATION

Medications currently taking: _____

Allergic reactions to: _____

Food Allergies: _____

Any past illnesses or other information that would be useful in the event medical treatment is necessary: _____

MUST INCLUDE a copy of the camper's physical form from the 2017-18 school year OR have doctor signature and verification of the following:

I hereby certify that (camper's name) _____ is physically fit to participate in an active wrestling program and that I know of no physical impairments which would in any manner limit the camper's participation in such a program.

Doctor's Signature _____ Date Signed _____

PLEASE MAKE CHECKS PAYABLE TO:

NEBRASKA WRESTLING CAMPS

A \$100 nonrefundable deposit OR full payment must accompany application

QUESTIONS? huskerwrestlingcamps@gmail.com

phone: 402-417-0687

TOTAL AMOUNT ENCLOSED \$ _____

MAIL COMPLETED APPLICATION TO:

NEBRASKA WRESTLING CAMPS

C/O Ellen Shutts

110 Hendricks Sports Complex

Lincoln, NE 68588-0652

CAMPER CHECKLIST:

____ Completed Application
____ \$100 Deposit or Full Payment
____ Physical Form or Dr. Signature

OFFICE USE ONLY:

Date Received _____
Amount Received _____
Amount Owes _____
Physical/Doctor _____

A COPY OF THIS APPLICATION IS AS VALID AS THE ORIGINAL